

DIAGRAM OF ACCIDENT

PLEASE DRAW DIAGRAM IN SPACE BELOW

1. Number your vehicle as #1, other vehicle(s) as #2, #3, etc.
2. Show pedestrian by: ○
3. Show direction of travel by an arrow. Example:



4. Show which parts of cars came together.
5. Give names or numbers of streets or highways.
6. Show traffic signs and signals.
7. Indicate North by arrow in box:



To:  ABAG **PLAN** Corporation **VEHICLE ACCIDENT REPORT**

Accident Date: _____ Time: _____ AM / PM

Location: Street(s) / Address _____

City: _____

YOU & YOUR VEHICLE Vehicle #1

Your Name & Title: _____

City Department: _____

Telephone No. (_____) _____

California Driver License No. _____

Make of Your Car: _____

License Plate No. _____

Name of Registered Owner: _____

DESCRIBE DAMAGE: _____

Were you injured? ___ No ___ Yes - - Describe Injury: _____

(If "YES" you must also complete an "Occupational Injury Report")

Were there any Passengers? ___ No ___ Yes - - #of Passengers: _____

Passenger(s) Name/Address/Phone: _____

Injured? ___ No ___ Yes - - Describe Injury _____

HOW DID ACCIDENT HAPPEN?

Other Vehicle(s) & Drivers(s)Vehicle #2

Driver's Name: _____

Address: _____

City/State/Zip: _____

Telephone No. (____) _____

Driver's License No. _____ State: _____

Make/Model of Car #2: _____ Year: _____

License Plate No. _____ State: _____

Name/Address/Phone of Registered Owner(s): _____

Insurance Co.: _____ Policy #: _____

Insurance Agent : _____ Phone #: _____

Describe Damage to Car #2: _____

Driver Injured? ___ No ___ Yes - -Describe _____

Passenger(s) in Car #2? ___ No ___ Yes - - #of Passengers _____

Passenger Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Injured? ___ No ___ Yes - -

Describe Injury _____

Passenger Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Injured? ___ No ___ Yes - -

Describe Injury: _____

LAW ENFORCEMENT

Investigated by Officer _____ Badge No: _____

Agency Name: _____

Report Number _____

WITNESSES - () Yes () No:

1. Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

2. Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

CONDITIONS AT ACCIDENT SCENE:

Light:ing: ___ Daylight ___ Night ___ Dawn ___ Dusk

Weather: ___ Clear ___ Rain ___ Snow ___ Fog

Road Surface: ___ Dry ___ Wet ___ Snow ___ Ice

Surrounding Area: ___ Business ___ Residential ___ Rural

Please List Any Additional Information Below:

Employee's Signature Date

SUPERVISOR REVIEW :

Supervisor's Signature Date